

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-007187

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 86

**FILED MAR 4 1963**

a. COUNTY **Jackson**

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **Independence**

Length of stay in 1b  
**2 1/2 Months**

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **819 So. Main**

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Missouri** b. COUNTY **Jackson**

c. CITY OR TOWN **Kansas City** Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
**3335 Harrison** Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First Middle Last  
**Beulah Frances Baxter**

4. DATE OF DEATH Month Day Year  
**Feb. 20 1963**

5. SEX  
**Female**

6. COLOR OR RACE  
**White**

7. Married ☐ Never Married ☐  
Widowed ☐ Divorced ☒

8. DATE OF BIRTH  
**3-10-1889**

9. AGE (last birthday)  
**73**

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Retired Mail Order Clerk**

10b. KIND OF BUSINESS OR INDUSTRY  
**National Bellis-Hess**

11. BIRTHPLACE (City and state or country)  
**Independence, Mo.**

12. CITIZEN OF WHAT COUNTRY  
**USA**

13a. FATHER'S NAME

**William Manley**

13b. MOTHER'S MAIDEN NAME

**Elizabeth Stephens**

14. NAME OF HUSBAND OR WIFE

**Fred Baxter**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of  
**No**

16. SOCIAL SECURITY NO.

17. INFORMANT

**Mrs. Ernest Lewis 11228 Corrington KC. Mo.**

18. CAUSE OF DEATH (Enter only one cause per  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Respiratory Arrest**

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

**Pulmonary Edema**

DUE TO (c)

**Pneumonia**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year  
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw her him alive on **2-18-63**  
Death occurred at **10:30** a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

**Richard Gordon**

22b. ADDRESS

**2105 Independence Ave**

22c. DATE SIGNED

**2-20-63**

23a. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

23b. DATE

**2-22-1963**

23c. NAME OF CEMETERY OR CREMATORY

**Woodlawn Cemetery**

23d. LOCATION (City, town, or county)

**Independence, Missouri**

(State)

24. FUNERAL DIRECTOR

**Geo. C. Carson & Sons Independence, Mo.**

ADDRESS

25. DATE RECD. BY LOCAL REG.

**2-22-63**

26. REGISTRAR'S SIGNATURE

**Alta L. Craig**

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

1 7005

2 3498

3 2

4 1

5 3

6

7 0

8 2

9 9492X

10

11

12 86-2

13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Marshall C. Blackwell*

Licensed Embalmer No.

4713

P. O. Address

*Raytown, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

N-12-63